

Congress of the United States

Washington, DC 20510

May 19, 2022

Dr. Tedros Adhanom Ghebreyesus
Director-General
World Health Organization
Avenue Appia 20
1211 Geneva, Switzerland

Dear Dr. Tedros,

We, members of the U.S. Congress, write to you today with concerns about the World Health Organization's (W.H.O.) dangerous new abortion guidelines. These extreme new guidelines aim to remove all legal and policy safeguards on abortion, impose restrictions on the conscience rights of health workers, and ignore the right to life and the safety of the mother and child.

While the W.H.O. guidelines are not legally binding on any country, we are concerned that the organization is attempting to delegitimize the will of all sovereign nations by falsely asserting that abortion is a human right. This is far from an isolated instance of United Nations (U.N.) affiliates attempting to encroach on matters far out of their jurisdiction. Last September, for example, a U.N. special rapporteur attempted to interfere with domestic United States judicial proceedings by calling on our Supreme Court to adopt a specified outcome in the ongoing *Dobbs v. Jackson's Women's Health Organization* case.¹ In addition to blatantly ignoring the life of the preborn, such statements undermine the increasingly fragile trust globally in the concept of internationally recognized human rights while discrediting the U.N.'s legitimacy as a whole.

Moreover, we are astonished that the W.H.O. is attempting to de-humanize preborn children and assert that the rights of the preborn do not exist by categorizing self-induced—and, in some cases, illegal—abortions as “self-care”² and demanding “the full decriminalization of abortion”³ without any gestational age limits. To categorize abortions as “self-care”⁴ not only strips away the humanity and dignity of a preborn child but also contradicts international standards recognizing the preborn child as a rights-holding person. Additionally, advocating for the termination of the life of a human being up to the point of birth is quite shocking and inhumane as a day, an hour, or even moments later, similar action against a child that has been born would constitute murder. Even in countries where early abortion is freely available, there are laws in place restricting abortions based on the preborn child's gestational age.

Furthermore, this guidance not only threatens the conscience rights of health care providers at all levels but treats individuals and institutions that object to abortion as obstacles. The W.H.O.'s guidance recommends that “access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection.”⁵ It continues further, stating “[i]f it proves impossible to regulate conscientious objection in a way that respects, protects and fulfills abortion seekers' rights, conscientious objection in abortion provision may become indefensible.”⁶ Conscience protections are critical to prevent

¹ Glenza, Jessica, “[‘Catastrophic Implications’: U.N. Health Expert Condemns U.S.](#),” *The Guardian*, November 8, 2021.

² World Health Organization. [Abortion care guideline](#). (March 9, 2022).

³ Ibid

⁴ Ibid

⁵ Ibid

⁶ Ibid

health care providers from being forced to take part in ending an innocent human life, thereby violating their ethical, moral, personal, or religious convictions. The W.H.O.'s radical stance reveals that it is all too willing to cave to pressure from the abortion industry and to force health care providers to choose between committing violence against an innocent baby and her mother or being unemployed. This stance inevitably also threatens patient access to health care in geographic areas that are primarily served by faith-based health care providers as those who hold conscience objections would be deemed unfit for service.

We are also alarmed by the W.H.O.'s recommendation that women and girls seeking abortion should be allowed to take abortion-inducing drugs without medical supervision. This policy is reckless and harmful to the well-being of women and girls, especially to those living in rural areas. While abortion activists incorrectly assert abortion drugs are safe, evidence-based data signals otherwise. Large-scale, peer-reviewed studies have shown women who take chemical abortion pills are significantly more at risk of serious complications and more likely to require a visit to the emergency room, while some women even die.^{7,8} According to the U.S. Food and Drug Administration, abortion drugs have been linked to at least 24 maternal deaths, 1,045 hospitalizations, and over 4,200 serious complications between 2000 and 2021 in the United States.⁹ Encouraging the removal of medical oversight from abortion will not save lives but instead put more women and girls at risk of being targeted by illegal purveyors of abortion pills or provided with abortion drugs without consent. As such, the W.H.O. guideline turns a blind eye to the harms of the abortion pill by providing support to those that enable abortion through the trafficking of black-market abortifacients.

Every instance of abortion is a tragedy. Instead of advocating for greater access to abortion, the W.H.O. should instead seek to address the root causes that motivate women to seek illegal abortions. This means promoting human dignity and preserving human rights for everyone, including the preborn.

Given the W.H.O.'s influence, this guidance will likely cause severe, irreversible harm, not only to U.S. citizens but to women and children worldwide. Such overreach and trampling of national sovereignty also further delegitimizes the W.H.O. and U.N. in the eyes of many people around the world. For these reasons, we ask that the W.H.O. reverse course and retract the anti-life recommendations that it has promoted through the release of its 2022 abortion care guidelines.

Sincerely,



Michael S. Lee
United States Senator



Doug Lamborn
Member of Congress

⁷ Niinimäki, M., Pouta, A., Bloigu, A., Gissler, M., Hemminki, E., Suhonen, S., & Heikinheimo, O. (2009). [Immediate complications after medical compared with surgical termination of pregnancy. *Obstetrics and gynecology*, 114\(4\), 795–804.](#)

⁸ Coleman, P. (2011). *Abortion and mental health: Quantitative synthesis and analysis of research published 1995–2009*. *British Journal of Psychiatry*, 199(3), 180-186. doi:10.1192/bjp.bp.110.077230

⁹ Food and Drug Administration. [Mifepristone U.S. Post-Marketing Adverse Events Summary through 06/30/2021](#).



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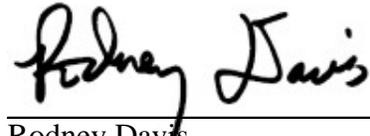
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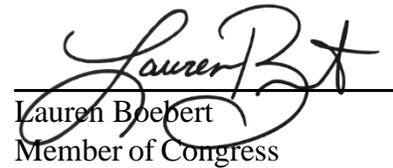
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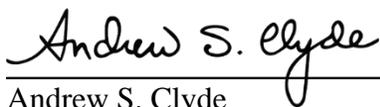
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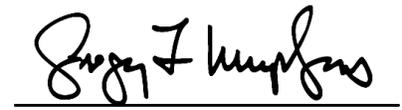
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Cc: António Guterres, Secretary-General of the United Nations
Linda Thomas-Greenfield, Ambassador of the United States of America to the United Nations